

## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

04/05/93

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box The EPA Identification Number must be included on all below. shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->

NYD987028024

FACILITY NAME -> NEW YORK TELEPHONE CO

MAILING ADDRESS -> 57-06 31ST AVE WOODSIDE, NY 11377

INSTALLATION ADDRESS -> 297 NORMAN AVE

BROOKLYN, NY 11222

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY **REGION II 26 FEDERAL PLAZA** NEW YORK, NEW YORK 10278

ATTN: AIR & WASTE MANAGEMENT DIVISION, ROOM 1006 **HAZARDOUS & SOLID WASTE PROGRAMS BRANCH RCRA NOTIFICATIONS** 

TO: SMITH, FRED AREA OPER MGR NEW YORK TELEPHONE CO 57-06 31ST AVE WOODSIDE, NY 11377

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Please refer to the Instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

## Notification of Regulated Waste Activity United States Environmental Protection Agency

Date Received (For Official Use Only)

3.2593

1. Installation's EPA ID Number (Mark 'X' in the appropriate box)	C. Installation's EPA ID Number
A. First Notification  B. Subsequent Notification  (complete item C)	140987028024
11. Name of Installation (Include company and specific site name)	
VEW YORK TELEPHONE	(*)
III. Location of Installation (Physical address not P.O. Box or Route Num	
Street 297 NORMAN AVENUE	
Street (continued)	
	State ZIP Code
City or Town	NAV // 222-
BROOKLYW	1/1/1/2/2/2/-
County Code County Name	
KINGS	
IV. Installation Mailing Address (See Instructions)	
Street or P.O. Box	
57-06 315T AVENUE	200 200 20 10 20 10 20 20 20 20 20 20 20
City or Town	State ZIP Code
WOUDSIDE	MY // 3 77-
V. Installation Contact (Person to be contacted regarding waste activiti	es at site)
Name (last) (first)	
5 m TTH FRE	
Job Title Phone N	lumber (area code and number)
AREA OPER. MGR. 71	8-726-9909
VI. Installation Contact Address (See Instructions)	
A. Contact Address B. Street or P.O. Box	
City or Town	State ZIP Code
VII. Ownership (See instructions)	A CONTRACTOR OF THE PARTY OF TH
A. Name of Installation's Legal Owner	
NEW YORK TELEPHON	
Street, P.O. Box, or Route Number	
297 MORMAN AVENUE	
City or Town	
BROOKLYM	er Type D. Change of Owner (Date Changed)
Phone Number (area code and number)	er Type D. Change of Owner (Date Changed) Indicator Month Day Year  Yes No

	A		0 - For Official Use Only
VIII. Type of Regulated Waste Activity			The state of the s
A. Hazardous	Waste Activity	B. U	sed Oil Fuel Activities
1. Generator (See Instructions)  a. Greater than 1000kg/mo (2,200 lbs.)  b. 100 to 1000 kg/mo (220 - 2,200 lbs.)  c. Less than 100 kg/mo (220 lbs.)  2. Transporter (Indicate Mode in boxes 1  a. For own waste only  b For commercial purposes  Mode of Transportation  1. Air  2. Rail  3. Highway  4. Water  5. Other - specify	Hazardous Waste Fuel     A. Hazardous Waste Fuel     a. Generator Marketing	nit is required uctions.  to Burner  al Furnace  rai  y Exemption  nbustion  er  nace  Control	Diff-Specification Used Oil Fuel  a. Generator Marketing to Burner  b. Other Marketer  c. Burner - indicate device(s) - Type of Combustion Device  1. Utility Boiler  2. Industrial Boiler  3. Industrial Furnace  2. Specification Used Oil Fuel Marke (or On-site Burner) Who First Claims the Oil Meets the Specification
IX. Description of Regulated Wastes (I A. Characteristics of Nonlisted Hazardous		1) 法基本	
	Characteristic (Ust specific EPA hazardous was 261.31 - 33. See instructions if you need to be a seen of the seen	ed to list more than 1	
C. Other Wastes. (State or other wastes req	uinng a handler to have an I.D. numbe	r. See instructions.)	5 6 L
I certify under penalty of law that this accordance with a system designed submitted. Based on my inquiry of the gathering the information, the inform complete. I am aware that there are significant for knowing violations.	to assure that qualified personn person or persons who manage the ation submitted is, to the best o	el properly gathe e system, or those of my knowledge lse information, in	er and evaluate the information persons directly responsible for and belief, true, accurate, and
XI. Comments			Since of Times

## Notification of Regulated Waste

(For Official Use Only)

ef the Resturbe Conservation and Recovery Act).  United States Environmental Protection Agency  AMENIO OF CITY OF COUNTY AND AMENIO OF CITY OF
I. Installation's EPA ID Number (Mark X in the appropriate box)
A First Notification (complete item C)  8. Subsequent Notification (complete item C)
II. Name of Installation (Include company and specific site name) PRUGRAMS BRANCH
NEW YORK PELEPHONE CO.
III. Location of Installation (Physical address not P.O. Box or Route Number)
Street 297 NORMAN HUENUE
Street (continued)
City or Town State ZIP Code
BROOK LYN       NY1/222-
County Code County Name
AINGS III
IV. Installation Mailing Address (See Instructions)
Street or P.O. Box
441 NINTH HUENUE
City or Town State ZIP Code
NEW 19:0RR 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
V. Installation Contact (Person to be contacted regarding waste activities at ".ite"
Name (last) (first)
RIOMIIIICATHERINE
Job Title Phone Number (area code and number)
MAWA19 ER 1 1 1 1 21/21-151021-1761941
VI. Installation Contact Address (See Instructions)
A. Contact Address Lecation Mailing  B. Street or P.O. Box
City or Town State ZIP Code
VII. Ownership (See Instructions)
A Name of Installation's Legal Owner
AEU GORR TEXEPHONE CO.
Street; P.O. Box, or Route Number
297 WORMAN HUENUE
City or Town State ZIP Code
BROOKLYN 11/222-
Phone Number (area code and number)  B. Land Type C. Owner Type D. Change of Owner (Date Changed)  Month Day Year
- P Yes No

A HAZATOLIS WASSA ACTIVITY  Construct (See Instructors)  A Gracer Part 1900cmmg/200 bs)  A Gracer Part 1900cmmg/200 bs)  B Cottle 1900 spring (200 spring)  C Lest Part 100 spring (200 spring)  Transporter (Indicate Mode in boses 1-5 bears)  A For porn waste only  B For porn waste only  B For part 1900cmmg/200 spring  Transporter (Indicate Mode in boses 1-5 bears)  B For porn waste only  B For porn waste only  B For porn waste only  C Rail Haman	9 1919 2019	ivity (Mark T in the appropriate b		
**Commerts   Gottoman   200 bs   No. A point a mount to first activity see servicing   Burnary   Commerts   Co	A Hazzi	dous Waste Activity		
S. Other - specify  X. Description of Regulated Wastes (Use additional sheets if necessary)  Characteristics of Nonlisted Masardous Wastes. Man: X in the board corresponding to the characteristics of nonlisted hazardous wastes. Man: X in the board corresponding to the characteristics of nonlisted hazardous wastes your institution handles. (See 40 CFR 261.29 - 261.29).  (Incomplete PA historicus wastes number(s) for the EP Toxic contaminants. (D001) (D002) (D003) (D000) (D00	b 100 to 1000 kg/mo (220 - 2.2) c Less than 100 kg/mo (220 - 2.2) c Less than 100 kg/mo (220 bs 2. Transporter (Indicate Mode in box a. For own waste only b. For commercial purposes Mode of Transportation  1. Air 2. Rail	Note: A permit is moderate activity; each instruction of the control of the contr	turned for functions.  sel  stong to Burner   device(s)  ston Device  ler  Boter   Furnece  2	# Generator Marketing to Burn  the "Other Marketine"  c. Burner - Indicate devoc(s)  Type of Combustion Device  1. Utility Boiler  2. Industrial Boiler  3. Industrial Furnace  Specification Used Of Ruel Marketine Burners
Characteristics of Nonlisted Hazardous Wastes. Man: X in the boxes corresponding to the characteristics of nonlisted Hazardous Wastes your installation handles. (See 40 CFR Pains 261.20 - 261.24)  I. Gyritable 2. Compsive 3. Reactive 4. EP Toxic (D000) (	. 4. Water			
wastes your installation handles. (See 40 CFR 241 261.20 - 261.24)  Liphitable 2 Contosive 3. Reactive 4. EP Toxic (D00)	X. Description of Regulated Was	les (Use additional sheets if nece	may)	
Contraction	. Characteristics of Nonlisted Haza	rdous Wastes. Mark 'X' in the boxes or	presponding to the charac	tenence of nonlisted hazardous
Continuation   Continuation   Delieve that the submitted information is true, accurate, and complete. I am aw that there are significant penalties for submitting false information, including the possibility of fines a limprisonment.    Continuation   Continua		ED Toule		1.1
B. Listed Hazardous Wastes. (See 40 CFR 26: 31 - 33. See instructions if you need to list more than 12 waste codes.)  1			hezardous waste number	(s) for the EP Toxic contaminant(s
To their Wastes. (State or other wastes requiring an I.D number. See instructions.)  1 2 3 4 5 6  Certification  I certify under penalty of law that I have personally examined and am tamiliar with the information submitted into and all attached documents, and that based on my inquiry of those individuals immediately responsible obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aw that there are significant penalties for submitting talse information, including the possibility of lines a imprisonment.  Signature.  Name and Official Title (type or print)  Date Signed  A D A D  A D  Comments		0008	2018	0039
To their Wastes. (State or other wastes requiring an I.D number. See instructions.)  1 2 3 4 5 6  Certification  I certify under penalty of law that I have personally examined and am tamiliar with the information submitted into and all attached documents, and that based on my inquiry of those individuals immediately responsible obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aw that there are significant penalties for submitting false information, including the possibility of fines a imprisonment.  Name and Official Title (type or print)  Date Signed  ALC / R3  C. Comments		C 55 25 21 22 23 Say 25 25 25 25 25 25 25 25 25 25 25 25 25	ou need to list more than 1	2 waste codes !
C. Other Wastes. (State or other wastes requiring an LD number. See instructions.)  1 2 3 4 5 6  Certification  I certify under penaity of law that I have personally examined and am familiar with the information submitted into and all attached documents, and that based on my linguity of those individuals immediately responsible obtaining the information, I believe that the submitted information is true, accurate, and complete. I am away that there are significant penalties for submitting false information, including the possibility of fines a imprisonment.  Name and Official Title (type or print)  Cutthware T. Rom.  Name and Official Title (type or print)  Date Signed  2 10 193  C. Comments			4	
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and all attached documents, and that based on my inquiry or tross and robusts antirediately structured obtaining the information, I believe that the submitted information is true, accurate, and complete. I am awouthat there are significant penalties for submitting false information, including the possibility of fines a imprisonment.  Name and Official Title (type or print)  Couthware T. Rom  Manuagle  G. Comments			ayaldi 5 - 3	
Coutheure T. Rom Managle 2/10/19  G. Comments	and all attached documents, obtaining the information, I be that there are significant pe imprisonment.	and that based on my inquiry elleve that the submitted inform naities for submitting false in	ation is true, accurationmation, including	the possibility of fines a
	Cetherine T. Rom	000		2/10/93
	d. Comments			
Note: Mall completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)	A CONTRACTOR OF THE PARTY OF TH	· 电子系统为1000000000000000000000000000000000000		
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Note: Mall completed form to the appropriate Era Regional or Solle Villes. [See Second in or the second in or the		Consider SPA Regional or Style Office	a Cas Saction III of the	booklet for addresses.)